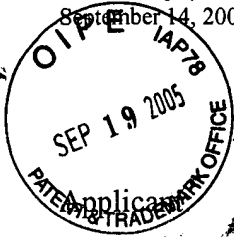



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TW



NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Michael J. Briskin

Serial No.: 08/875,849 Group: 1644  
Filed: September 8, 1997 Examiner: Ronald B. Schwadron, Ph.D.  
Confirmation No.: 4411  
For: Mucosal Vascular Addressins and Uses Thereof

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
9/15/05	
Date	Signature
Ann M Giso	
Typed or printed name of person signing certificate	

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the non-final Office Action dated August 15, 2005 rejecting claims 24-26, 28-32, 105-108, 111-113, 115, 116, 118-121, 124-150 and 152-160. The items checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action dated [ ] for [ ] month(s) from [ ] to [ ].
2. ☐ A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
☐ Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

09/20/2005 TBESHAR1 00000036 08875849

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## 4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for two months	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([ <input type="checkbox"/> ] mo.)	\$	_____
	Less fee paid ([ <input type="checkbox"/> ] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	500
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	500

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$500 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Robert H. Underwood

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Date: September 15, 2005